



SmartPA Criteria Proposal

Drug/Drug Class:	Antifungals, Topical PDL Edit		
First Implementation Date:	July 10, 2014		
Revised Date:	July 7, 2022		
Prepared For:	MO HealthNet		
Prepared By:	MO HealthNet/Conduent		
Criteria Status:	⊠Existing Criteria □Revision of Existing Criteria □New Criteria		

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected:

Many types of fungal germs (fungi) live harmlessly in the soil, on food, on our skin, and in other places in the environment. However, some types of fungi can thrive and multiply on the surface of the body causing infection of the skin, nails, mouth, or vagina. The most common fungi to cause skin infections are the tinea group of fungi. For example, tinea pedis (athlete's foot) is a common fungal infection of the toes and feet. Thrush is a common fungal infection of the mouth and vagina caused by an overgrowth of candida which is a yeast (a type of fungus). Small numbers of candida commonly live on the skin. However, certain conditions can cause candida to multiply and cause infection. Topical antifungals are used to treat these very common infections.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

С	Preferred Agents		Non-Preferred Agents
• Aleva	zol® OTC	•	Azolen™ Tinc OTC
 Buter 	nafine Crm OTC	•	CicloDan [®]
Ciclo	oirox 0.77% Crm/Susp	•	Ciclopirox 0.77% Gel
 Clotri 	mazole Crm OTC	•	Ciclopirox 1% Shampoo
 Clotri 	mazole Soln Rx	•	Ciclopirox 8% Kit/Soln
 Clotri 	mazole/Betamethasone Crm	•	Clotrimazole Crm Rx
 Ketoo 	conazole Shampoo	•	Clotrimazole Soln OTC
 Micor 	nazole Crm/Pwd/Spray Pwd	•	Clotrimazole/Betamethasone Lot
OTC		•	Econazole
 Nyam 	nyc® Pwd	•	Ertaczo [®]
 Nysta 	tin Crm/Oint/Pwd	•	Exelderm [®]
 Nysto 	p [®] Pwd	•	Extina®
Terbi	nafine Crm OTC	•	Fungoid®-D
 Tolna 	ftate Crm/Pwd/Soln OTC	•	Jublia [®]
 Zease 	orb [®] AF	•	Kerydin [®]
		•	Ketoconazole Crm/Foam
		•	Ketodan [®]
		•	Lamisil® Spray OTC

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		 Loprox® Lotrimin® Luliconazole Luzu® Mentax® Miconazole-Zinc-Petro 0.25-15% Naftifine Naftin® Nizoral® A-D Nystatin/Triamcinolone Oxiconazole Oxistat® Sulconazole Crm/Soln Tavaborole Tinactin® Tolnaftate Spray OTC Vusion® 			
Type of Criteria:	☑ Increased risk of ADE☐ Appropriate Indications	☑ Preferred Drug List☐ Clinical Edit			
Data Sources:	☐ Only Administrative Databases	☑ Databases + Prescriber-Supplied			
Setting & Population					
 Drug class for review: Antifungal Agents, Topical Age range: All appropriate MO HealthNet participants 					
Approval Criteria	a				
 Failure to achieve desired therapeutic outcomes with trial on 4 or more preferred agents Documented trial period of preferred agents OR Documented ADE/ADR to preferred agents 					
Denial Criteria					
 Lack of adequate trial on required preferred agents Therapy will be denied if all approval criteria are not met 					
Required Documentation					
Laboratory Resul MedWatch Form	Other:				
Disposition of Edit					
Denial: Exception Code "0160" (Preferred Drug List) Rule Type: PDL					

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Default Approval Period

1 year

References

- Evidence-Based Medicine and Fiscal Analysis: "Topical Antifungals Topical Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2022.
- Evidence-Based Medicine Analysis: "Topical Antifungal Agents", UMKC-DIC; January 2022.
- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.